

cc/DAC \$
IFW

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 7-21-04

Shana R. East
Shana L. East

In Re Application of:

Sanderson, et al.

Serial No.: 09/818,975

Filed: March 27, 2001

Confirmation No.: 9279

Group Art Unit: 2877

Examiner: Mooney, Michael P.

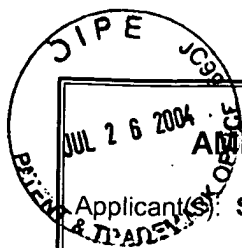
Docket No.: 321903.1010

For: **Loss Compensating Optical Splitter**

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal Letter
- Petition to Revive Abandoned Application
- First Response
- Power of Attorney by Assignee of Entire Interest
- Declaration by Lelon Wayne Sanderson
- Petition for Extension of Time Under 37 CFR 1.136(a)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**Applicant(s): **Sanderson, et al.**

Docket No.

321903.1010Serial No.
09/818,975Filing Date
March 27, 2001Examiner
Mooney, Michael P.Confirmation No.
9279Group Art Unit
2877Invention: **Loss Compensating Optical Splitter****Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is First Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0	X \$9.00	\$0
INDEP. CLAIMS	5 -	5 =	0	X \$43.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$145.00	\$
EXTENSION FEE	2 ND MONTH <input type="checkbox"/> 210.00	3 RD MONTH <input type="checkbox"/> 475.00	4 TH MONTH <input type="checkbox"/> 740.00	5 TH MONTH <input checked="" type="checkbox"/> 1005.00	\$1005.00
Other Fees: Petition to Revive Abandoned Application					\$665.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1670.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$1670.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Jon E. Holland, Reg. No. 41,0777/21/04
Date